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Appendix 1 • Statutory Authorities

Aging and Disability Services Administration

- The Federal Older American's Act authorizes a network of local Area Agencies on Aging (w/citizen advisory councils), as well as home/community services.
- Title XIX of the Social Security Act authorizes nursing facility services and the COPES, Medically Needy, and DD waivers, authorizing home and community-based services as an option to nursing facility or institutional services.
- Titles XVIII & XIX of the Social Security Act authorize Nursing Facility Survey to ensure consumer protection and quality of care.
- 42 CFR 483.400 authorizes services in Intermediate Care Facilities for the Mentally Retarded.
- Americans with Disabilities Act of 1990 (ADA) ensures equal access for individuals with disabilities.
- Public Law 105-17; The Individuals with Disabilities Education ACT (IDEA), Part C governs Infant, Toddler Early Intervention Services.
- 34 CFR 303 regulates the Early Intervention Program for Infants and Toddlers with Disabilities.
- RCW 74.04.025 authorizes services for Limited English Proficient applicants and recipients of services.
- RCW 74.39.050 authorizes self-directed care.
- RCW 18.51 authorizes the nursing facility license functions.
- RCW 18.20 authorizes the boarding home license functions.
- RCW 74.46 authorizes the nursing facility payment system.
- RCW 74.42 authorizes nursing facility case management associated with voluntary relocation of residents who wish to be served in community settings.
- RCW 74.39 authorizes in-hospital LTC assessment.
- RCW 74.39A authorizes COPES Medicaid Waiver, assisted living, personal care, chore services, Adult Residential Care and LTC quality improvement.
- RCW 70.128 authorizes the Adult Family Home program.
- RCW 74.39A authorizes in-home case management by Area Agencies on Aging.
- RCW 70.195 establishes the State Interagency Coordinating Council for Infants and Toddlers with Disabilities and their families. It also establishes County Interagency Coordinating Councils and requires state and local interagency agreements to define early intervention roles and responsibilities.
- RCW 74.14A establishes policy for emotionally disturbed and mentally ill

children, potentially dependent children, and families in conflict:

- RCW 74.38 (The State Senior Citizens' Services Act) authorizes home and community-based services.
- RCW 74.34 governs protection of vulnerable adults from abuse and neglect.
- RCW 74.41 authorizes Respite Services and the Family Caregiver Support Program.
- RCW 18.18A authorizes delegation of selected nursing functions.
- RCW 71A provides for services to persons with developmental disabilities.
- Washington State Constitution - Article XIII, Section 1 authorizes institutions for the benefit of person who are developmentally disabled.

Children's Administration

- RCW 13.32 authorizes Family Reconciliation Services, voluntary services and assistance for parents and children who are in conflict.
- RCW 13.34 mandates the coordination of services to parents and children in child dependency cases.
- RCW 26.33 authorizes adoption to provide stable homes for children.
- RCW 26.44 authorizes protection of children from abuse and neglect while preserving family integrity to the maximum extent possible.
- RCW 26.50.150 authorizes certification of programs providing treatment of perpetrators of domestic violence.
- RCW 70.123 authorizes minimum standards and contracts for the provision of safe emergency shelter and/or safe homes for victims of domestic violence and their children.
- RCW 74.13 authorizes a comprehensive and coordinated program of public child welfare services for children who require guidance, care control, protection, treatment or rehabilitation to safeguard, protect and contribute to the welfare of children.
- RCW 74.13.100-159 authorizes Adoption Support, a program to encourage the adoption of hard-to-place children.
- RCW 74.14A authorizes Children and Family Services and mandates that state efforts shall address the needs of children and their families, including services for emotionally disturbed and mentally ill children, potentially dependent children and families in conflict.
- RCW 74.148 authorizes children's service worker and foster parent training, services for child victims of sexual assault, use of multi-disciplinary teams and therapeutic child day care and treatment services.
- RCW 74.14C authorizes Preservation Services, the provision of family preservation services and intensive family preservation services to prevent child dependency and to facilitate the reunification of children with their families.
- RCW 74.15 authorizes Foster Care Licensing and directs the department to safeguard the health, safety and well-being of children and developmentally

disabled persons receiving care away from their own home, strengthen and encourage family unity and sustain parental rights and responsibilities by providing foster care.

Economic Services Administration

Aid to Needy Families & Individuals

- Title IV-A authorizes the Temporary Assistance for Needy Families (TANF) program and gives states wide flexibility to design TANF in ways that promote work, responsibility and self-sufficiency.
- Title XII establishes the eligibility criteria and benefit levels for the federal Food Stamp Program as created by the Food Stamp Reauthorization Act of 2002.
- Title XIII imposes eligibility restrictions upon qualified and non-qualified aliens to TANF, SSI, and Food Stamp benefits imposed under the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996, P.L. 104-193.
- Title XI authorizes the federal Department of Health and Human Services to provide temporary assistance to U.S. citizens who have been returned from foreign countries. The law specifies the conditions under which the funds can be used.
- Title XVI establishes federal funding for the Supplemental Security Income Program to provide financial assistance to aged, blind, and disabled persons with limited income and resources.
- PL 96-212, Refugee Act of 1980, amends the Immigration and Nationality Act to provide for the admission and resettlement of refugees. The law and its amendments also authorize federal assistance to states for the resettlement of refugees.
- P.L. 104-193, Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996, gives states choices in how to structure their welfare programs. Federal funding is provided in the form of the Temporary Assistance to Needy Families (TAN F) block grant, and is fixed at the same level for five years. PRWORA provides new federal child care funds, reauthorizes the Child Care and Development Block Grant (CCDBG), and requires these combined funds to be administered as a unified program under the Child Care and Development Fund (CCDF).
- P.L. 105-33, Balanced Budget Act (BBA) of 1997, makes changes and implements numerous technical corrections to the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996, P.L. 104-193.
- PL 107-171, Food Stamp Reauthorization Act of 2002, reauthorizes the federal Food Stamp Program to provide for improved levels of nutrition among low-income households by supplementing households' food purchasing power.
- 7 CFR, Chapter II, Food Stamp and Food Distribution Program that implement the provisions of the Food Stamp Act of 1977, P.L 88-525.

- 45 CFR, Part 260, Temporary Assistance for Needy Families Program (TANF), implements the cash assistance, work participation, and data reporting requirements of the federal Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996, P.L. 104-193.
- 47 USC Sec. 254, Universal Service Telecommunications Act of 1996, gives states the option to provide telephone assistance to low-income individuals and families, and provides guidelines on subsidy amounts and payments to telephone companies.
- RCW 74.04 establishes DSHS as the single state agency to establish and administer public assistance programs in accordance with federal law.
- RCW 74.08 authorizes DSHS to provide financial assistance and services in accordance with federal rules on behalf of persons who are aged, blind or disabled.
- RCW 74.08A.040 directs DSHS to provide tribes with ongoing, meaningful opportunities to participate in the development, oversight, and operation of the WorkFirst program.
- RCW 74.12 authorizes DSHS to administer WorkFirst, the state's Temporary Assistance for Needy Families (TANF) cash assistance and welfare-to-work program.
- RCW 74.25A, Employment Partnership Program Act, establishes a voluntary program using public wage subsidies and employer matching salaries to create new jobs with livable wages and promotional opportunities for the chronically unemployed and underemployed persons.
- RCW 80.36.470 establishes a telephone and community voice mail assistance program for adults receiving ongoing financial, food or medical assistance from DSHS.

Child Care

- 45 CFR, Parts 98 and 99, Child Care and Development Fund, Implements the child care provisions of the federal Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996, and requires that child care funds be administered as a unified program, defined as the Child Care and Development Fund (CCDF). Provides standards for family eligibility, co-payments, equal access to care, and the allowable use of the funds.
- RCW 74.12 340 authorizes the department to promulgate rules governing child care and to determine the need of giving preference for services to those with the greatest child care need based on geographical area or based on low-income groups. Also gives authority to establish parental participation in the cost (copayments).
- RCW 74.13 authorizes DSHS to provide child care subsidies to TANF and other low-income working families, and provide services and build partnerships aimed at building a system of quality, affordable child care.
- RCW 74.15 provides DSHS with the authority to promote the development of a sufficient number and variety of adequate child care facilities; provide consultation to agencies caring for children in order to help them to improve their methods of care; license agencies; and assure the users of the licensed

agencies that adequate minimum standards are maintained by all agencies caring for children.

Child Support Enforcement

- Title IV-D, Child Support Enforcement, 45 CFR 300-310, provides federal funds to states for the purpose of establishing and enforcing child support and medical insurance obligations owed by non-custodial parents for their children and to the custodian of the children with whom the children are living. State IV-D programs also locate non-custodial parents and their assets, establish paternity and orders of support, ensure private medical insurance is provided wherever possible and collect and distribute support on such cases, including those where families receive TANF.
- 28 USC 1738B requires courts of all U.S. territories, states and tribes to accord full faith and credit to a child support order issued by another state or tribe that properly exercised jurisdiction over the parties and the subject matter.
- 42 USC 654 (33) authorizes states to enter into cooperative agreements with Indian tribes or tribal organizations.
- RCW 26.09 establishes a requirement for parents to support their children.
- RCW 26.18 authorizes DSHS to enforce child support obligations and supplements RCW 74.20A.
- RCW 26.19 establishes a child support schedule to insure that child support orders are adequate to meet a child's basic needs and to provide additional child support commensurate with the parents' income, resources, and standard of living.
- RCW 26.21, Uniform Interstate Family Support Act, governs child support actions and case processing in cases involving parents who reside in different states. See also RCW 26.21A, effective January 1, 2007.
- RCW 26.23 creates the Washington State Support Registry and authorizes DSHS to create a centralized registry for the recording and distribution of child support.
- RCW 26.25 encourages DSHS and Indian Tribes to enter into cooperative child support agreements to provide culturally relevant child support services.
- RCW 26.26 governs every determination of parentage in Washington
- RCW 74.20 authorizes DSHS to enforce child support obligations.
- RCW 74.20A provides DSHS with administrative authority to establish and enforce child support obligations.

Health and Recovery Services Administration

- Title II, XIX and XXI of the Social Security Act [Title 42, U.S. Code (USC)]
- Titles 20 and 42 Code of Federal Regulations (CFR)

- Article III - Creation of Executive Departments.
- Article XIII - Provisions regarding protection of vulnerable populations.
- Article XX - Provisions regarding public health, medicine and drugs.
- RCW 74.04 - Medical Assistance Program's miscellaneous authority.
- RCW 74.09 - Enabling statute for the Medical Assistance Program.
- RCW 74.09A - Coordination of benefits provisions of Medical Assistance.
- RCW 43.17.120 and 43.17.130 - MAA's designation as the Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) disability determination agency for the state.
- Title 388, Washington Administrative Code (WAC)

Division of Alcohol and Substance Abuse (DASA)

- Code of Federal Regulations 42 Part 8, Certification of Opioid Treatment Programs, Subpart A, Accreditation, Section 8.4, Accreditation body responsibilities - DASA is now a federal Substance Abuse and Mental Health Services Administration-approved body that accredits agencies providing opiate substitution treatment.
- Code of Federal Regulations 42 Part 2, Confidentiality of Alcohol and Drug Abuse Patient Records, provides that DASA and all chemical dependency prevention and treatment programs, and all those who provide services to individuals affected by alcohol or others drugs are under strict restrictions not to disclose information with respect to patients without written consent, subject to certain exceptions.
- RCW 70.96A.050 sets forth 17 requirements for the Department related to the provision of substance abuse prevention, intervention, treatment, and support services.
- RCW 70.96A.090 requires the department to adopt rules establishing standards for approved treatment programs, to periodically inspect the programs, and to maintain and periodically publish a current list of approved programs.
- RCW 70.96A.350 establishes the Criminal Justice Treatment Account (CJTA), administered by DASA, with funds distributed to provide judicially supervised substance abuse treatment for offender in lieu of incarceration.
- RCW 70.96B: Treatment for alcoholism, intoxication and drug addiction pilot programs.
- RCW 74.50, Alcoholism and Drug Addiction Treatment and Support Act (ADATSA), establishes a system of assessment, treatment, and shelter for incapacitated alcoholics and drug addicts with a goal of employment and self-sufficiency.
- RCW 10.05, the Deferred Prosecution statute, requires assessments, treatment, and reports to be made by DASA-certified chemical dependency treatment providers.

- RCW 43.20A.890 establishes a program for the prevention and treatment of problem and pathological gambling.
- RCW 46.61.5056 requires individuals convicted of a Driving Under the Influence (DUI) offense to complete a diagnostic assessment and any program of recommended treatment, ranging from alcohol/drug information school to intensive residential treatment. DASA sets the standards for and is responsible for approving these programs.
- RCW 49.60 prohibits discrimination because of race, creed, color, national origin, gender, marital status, age, or the presence of any sensory, mental, or physical handicap. It ensures access to culturally diverse, sensitive, and aware services, and reasonable accommodations for persons with disabilities.
- RCW 18.205 defines the state certification requirements for chemical dependency professionals (CDPs). The certification program is under the authority of the Secretary of the Department of Health. Those providing counseling services in DASA-certified programs are required to be CDPs or CDP trainees.

Mental Health Division

- RCW 10.77 provides for the commitment of persons found incompetent to stand trial or acquitted of a crime by reason of insanity, when found to be a substantial danger to other persons or that there is a likelihood of committing acts jeopardizing public safety or security unless under control by the courts, other persons, or institutions. Also provides an indigent person's right to be examined by court appointed experts.
- RCW 71.05 provides for persons suffering from mental disorders to be involuntarily committed for treatment and sets forth that procedures and services be integrated with Chapter 71.24 RCW.
- RCW 71.24 authorizes community mental health programs through county-based regional support networks that operate systems of care.
- RCW 71.32 authorizes mental health advance directives.
- RCW 71.34 authorizes mental health services for minors, protects minors against needless hospitalization, enables treatment decisions to be made with sound professional judgment, and ensures minors' parents/guardians are given an opportunity to participate in treatment decisions.
- RCW 72.23 authorizes Eastern and Western psychiatric state hospitals for the admission of voluntary patients.
- RCW 74.09 authorizes medical services, including behavioral health care, for recipients of federal Medicaid as well as general assistance and alcohol and drug addiction services.
- RCW 38.52 authorizes the administration of state and federal programs for emergency management and disaster relief, including coordinated efforts by state and federal agencies.

Juvenile Rehabilitation Administration

- Article XIII of the State of Washington Constitution provides the basic legal authority for the JRA. RCW Title 13, Juvenile Courts and Juvenile Offenders, and RCW Title 72, State Institutions, provide the primary statutory authority for facilities and programs.
- RCW 13.06 consolidated Juvenile Services Programs and local court services to pre-commitment juveniles and authority for alternative sentences for juveniles who are eligible for JRA commitment.
- RCW 13.24, the Interstate Compact on Juveniles, establishes a process to ensure the provision of probation and parole supervision when adjudicated juveniles move between states.
- RCW 13.40, the Juvenile Justice Act of 1977 establishes a system of accountability and rehabilitative treatment for juvenile offenders.
- RCW 13.80.010 through 13.80.050, Learning and Life Skills Centers, establish alternative high school programs, operated by school district staff, for JRA juveniles in community programs needing additional structure and individualized instruction.
- RCW 28A.190, Residential Education Programs, establishes the authority and guidelines for school/educational programs within JRA.
- RCW 72.05, Residential Programs, establishes the authority for the operation, supervision, management, and control of JRA residential programs.
- RCW 72.16 authorizes the operation of the Green Hill School.
- RCW 72.19 authorizes the operation of the Echo Glen Children's Center.
- RCW 72.20 authorizes the operation of the Maple Lane School.
- Several federal courts have found that juveniles have a constitutional right to treatment rather than punishment alone - *Morgan v. Sproat*, 432 F. Supp. 1130 (Miss. 1977); *Training School v. Affleck*, 344 F. Supp. 1354 (D.R.I. 1972).

Public Affairs

Office of Deaf and Hard of Hearing

- Americans with Disabilities Act of 1990 mandates reasonable accommodations for people with disabilities to ensure access to and full participation in services offered by government and businesses and to provide equal employment opportunities, as well as establishing for the provision of telecommunications relay services.
- Rehabilitation Act of 1973, Section 504, mandates reasonable accommodations for people with disabilities to allow full access to and participation in public and private programs and services receiving federal funds.

- Individuals with Disabilities Education Act mandates provision of a free and appropriate education to all children with disabilities.
- Telecommunication Act of 1996, as amended, Section 225, mandates establishment of relay services for persons who are deaf or hard of hearing; Section 255 requires that telecommunications service providers and manufacturers ensure that their telecommunications services and products are usable to the greatest extent possible by persons with disabilities.
- RCW 43.20(A).720 authorizes the Office of the Deaf and Hard of Hearing, under the auspices of the Department of Social and Health Services (DSHS), to administer and fund for the provision of telecommunication services and distribution of specialized telecommunication equipment. It also allows for the provision of reasonable accommodations on behalf of DSHS.
- RCW 43.19.190 authorizes DSHS to purchase sign language interpreter services on behalf of people with hearing loss who are applicants and recipients of public assistance.
- RCW 49.60 mandates the provision of reasonable accommodations for people with disabilities in places of employment, government and businesses.

Special Commitment Center

- RCW 71.09, Sexually Violent Predators, authorizes Special Commitment Center to provide care, control and treatment to committed sexually violent predators that have completed a prison term.

Division of Vocational Rehabilitation

- United States Code at 29 USC 701 et al. Seq., Public Law 102-569, provides that the Washington Division of Vocational Rehabilitation is the Designated State Unit (DSU) to receive federal funds under the Rehabilitation Act of 1973, as amended. The Rehabilitation Act appears as Title IV of the Workforce Investment Act of 1998. The law and its amendments specify the way in which funds will be used for the vocational rehabilitation of eligible individuals with disabilities. The code of federal regulations (CFR) outlining program authority and requirements is in Title 34 CFR, Section 361.
- RCW 74.29 establishes the purpose of the Division of Vocational Rehabilitation, which is to (1) rehabilitate individuals with disabilities who have a barrier to employment so that they may prepare for and engage in gainful occupation; (2) provide persons with physical, mental, or sensory disabilities with a program of services which will result in greater opportunities for them to enter more fully into life in the community; (3) promote activities which will assist individuals with disabilities to become self-sufficient and self-supporting; and (4) encourage and develop community rehabilitation programs, job support services, and other resources needed by individuals with disabilities.

Management Operations

Federal Laws

- National Fire Codes.
- Occupational Safety and Health Act (OSHA).
- National Institute of Occupational Safety and Health (NIOSH).
- Titles VI and VII of the Civil Rights Act of 1964 as amended in 1972.
- The Civil Rights Act of 1991.
- Sections 503 and 504 of the Rehabilitation Act of 1973 as amended.
- The Americans with Disabilities Act of 1990.
- The 1974 Vietnam Era Veterans Readjustment Assistance Act.
- The Age Discrimination in Employment Act of 1967.
- The Age Discrimination Act of 1975.
- The Food Stamp Act of 1977.
- Federal Executive Order 11246, as amended by Executive Order 11375.
- Code of Federal Regulations, Title 45 Part 46, mandates federal humans subject protection regulations.

State Laws

- RCW 4.92 - Authorizes Tort Claims.
- RCW 10.93.020(2) – Defines a limited authority for DSHS to perform the law enforcement functions.
- RCW 10.97.030(5) and (6) - Defines a "criminal justice agency" and "the administration of criminal justice" for purposes of obtaining criminal history record information. DFI is certified as a criminal justice agency by the Washington State Patrol in accordance with this definition.
- RCW 13.04.116 - Prohibits holding juveniles in jail.
- RCW 13.40.220 - Authorizes recovery for Juvenile Rehabilitation.
- RCW 36.70A.010 - governs housing for populations with special needs and siting essential public facilities.
- RCW 41.06 - Establishes State Civil Service Law.
- RCW 41.56 - Establishes rules and regulations regarding public employee collective bargaining and labor relations.
- RCW 41.80 – Authorizes State collective bargaining.
- RCW 43.105 – Provides for coordinated planning and management of state information services.
- RCW 43.19 - Authorizes Risk Management.
- RCW 43.20A - Creates DSHS and outlines the laws governing the

establishment and operations of DSHS.

- RCW43.20A.360 - Authorizes committees and councils.
- RCW 43.20B - Authorizes financial recovery.
- RCW 43.121 - Establishes in the executive office of the Governor a Washington Council for Prevention of Child Abuse and Neglect (WCPCAN).
- RCW 43.121.100 - Establishes the Children's Trust Fund as a separate treasury to receive public and private donations. Disbursements of funds from this account are authorized by WCPCAN.
- RCW 43.121.140 - Directs WCPCAN to 'conduct a proactive public information and communication outreach campaign regarding the dangers of shaking infants and young children, the causes and prevention of shaken baby syndrome.
- RCW 43.88 - Establishes a state budgeting, accounting and reporting system for all activities of state government.
- RCW 49.60 - Establishes Anti-Discrimination Laws.
- RCW 51 - Establishes Industrial Insurance Laws.
- RCW 74.04.011 - Establishes the DSHS Secretary's authority related to personnel matters.
- RCW 74.04.015 - Authorizes the administration of, and the disbursement of all funds, goods, commodities and services of DSHS.
- RCW 72 and RCW 79.01 et seq. - Authorizes the management of institutional lands.
- RCW 70.02 requires the approval of a standing Investigation and Review Board in selected state agencies for disclosure of a health care provider's patient records for research.
- RCW 42.48 authorizes selected state agencies to disclose identifiable records for research without consent is conditioned on the agency having a standing Investigation and Review Board to review and approve research.
- Washington Industrial Safety & Health Act (WISHA).
- WAC 18-208 & 12 - Authorizes employee benefits.
- WAC 263-12, WAC 296-24, WAC 296-62 - Occupational Safety and Industrial Insurance Appeals.
- WAC 356 - Merit System Rules.

Appendix 2 • Workforce Development Plan

EXECUTIVE SUMMARY

The DSHS Workforce Development Plan links people resources with strategic goals and objectives to improve business performance and develop an organizational culture that fosters innovation and flexibility. DSHS is committed to providing exceptional, innovative and comprehensive human resource services in strategic partnership with, and in support of its programs.

The vision of the Human Resources Division (HRD) within DSHS is to create partnerships with the Administrations resulting in a foundation that will sustain a productive, high performing workforce, which supports DSHS in carrying out its mission. The Human Resources Division within DSHS actively supports DSHS in acquiring, aligning, equipping and maintaining qualified staff, ultimately resulting in the citizens of Washington State receiving efficient, cost effective government services.

Based on the Department of Personnel's (DOP's) logic model contained in their "HR Report Card" to the Governor, DSHS has adopted the following human resources goals in support of the agency:

- **Plan and Align the Workforce:** Establish a foundation to build and sustain a productive and high performing workforce. This includes ensuring that workforce levels, competencies and strategies are aligned with agency priorities and that managers' expectations are communicated and understood.
- **Hire the Workforce:** Hire the right people in the right job. This is accomplished by hiring the best qualified candidates and reviewing performance, especially during the appointment period.
- **Deploy the Workforce:** Employees are motivated and productive. The workplace is safe, allowing employees to do their jobs, fostering productive relations. Employees know job requirements, how they are doing and feel supported.
- **Develop the Workforce:** Employees have the skills to do their present job and are afforded opportunity for career advancement. A learning environment is created and employees seek to learn and participate in development opportunities.
- **Reinforce Performance:** Employees are held accountable for their work performance, to include reinforcing and strengthening successful performance. Employees understand how their performance contributes to the success of DSHS.

By the very nature of the services it provides, DSHS accomplishes its objectives primarily through its people. The Human Resources Division within DSHS provides a broad spectrum of expert consultative and technical services, enabling DSHS to manage its most precious asset – its employees. By adopting the goals listed above, DSHS' Workforce Development Plan is aligned with, and supports DSHS's mission: To improve the quality of life for individuals and families in need.

GUIDING DIRECTION

MISSION:

- DSHS: To improve the quality of life for individuals and families in need. We will help people achieve safe, self sufficient, healthy and secure lives.
- HRD: As an integral part of DSHS, HRD provides exceptional human resource services that enable DSHS to maintain a diverse, competent, and committed workforce, thus supporting DSHS in carrying out its mission.

VISION:

DSHS is committed to meeting the human resource needs and challenges of our internal and external customers and to being a leader in human resources, by partnering with our customers to:

- Understand our customers as individuals and learn their business needs, challenges and priorities to assist them in achieving their goals.
- Assist them in meeting their specific program purpose and mission, as well as those of DSHS and Washington State government.
- Identify creative and innovative options for even the most difficult problems and challenges.
- Demonstrate the highest standards of performance, professional conduct and ethical behaviors.
- Embrace the challenges within the Personnel System Reform Act in a manner that provides DSHS management and staff with exceptional support before, during and after the implementation of the Act.

GUIDING PRINCIPLES/CORE VALUES:

The Human Resources Division within DSHS values our customers, both internal and external. We are dedicated to treating our customers with courtesy, respect and understanding.

We demonstrate this by providing timely and accurate information and consultation services, providing value added process facilitation and by going the "extra mile" to resolve issues and concerns.

STATUTORY AUTHORITY:

Revised Code of Washington (RCW) 41.80.

TRENDS IN CUSTOMER NEEDS:

- With the changes brought about by the Personnel System Reform Act, there is an increase in the need for HR consultation and services.

- One of the changes brought about by the PSRA is how hiring is done. There is a great demand for partnering/assistance with the recruitment process.
- Customers need quality services delivered in a more value added and timely fashion.
- There have been many changes in the way we do business, as a result of the Master Agreements. This has increased the demand for training in various areas such as the Family Medical Leave Act (FMLA), Just Cause, and attendance, just to name a few.
- In Fiscal Year 2005, DSHS paid out \$1,530,211 in defense costs for employment claims. This is an increase in cost of \$187, 273 from Fiscal Year 2004. This emphasizes the need to ensure that DSHS is providing quality training aimed at reducing such risks.

EXTERNAL PARTNERSHIPS:

DSHS continues to work closely with the Department of Personnel (DOP), Office of Financial Management/Labor Relations Office (OFM/LRO), the Public Employment Relations Commission (PERC) and the Attorney General's Office (AGO). With the implementation of PSRA, the state has become "one employer." What one agency does has the potential of affecting all agencies. This has increased the need for DSHS to work more closely than ever with its external partners. As an example, rather than work with the unions independently as in the past, the need to coordinate with OFM/LRO is critical to ensuring the smooth administration of the Master Agreements.

STAKEHOLDER INPUT:

DSHS collects and responds to stakeholder input through a variety of means, to include the PSRA Advisory Group, Recruitment Committee, WMS Banding Committee, HR Design Team, the Training Advisory Steering Committee and the Assistant Secretaries. These groups include representation in all areas of DSHS, providing input from and dialog with our stakeholders.

FUTURE CHALLENGES/OPPORTUNITIES:

The PSRA provided for full-scope collective bargaining. The 2005-07 master collective bargaining agreements, which cover 89% of DSHS employees, restored significant management control and flexibility and have the potential for substantial cost savings as well. The new Civil Service Rules also gave agency management more flexibility than in the past. This has heightened the need for consistency in the actions taken, as these agreements cover 33 other state agencies.

As a result, demand on human resources services has increased and staffing and other resources have decreased. The current ratio of HR staff to employees is 1:562, with some areas being significantly higher. According to DOP, the ideal ratio is 1:100.

In addition to providing customers with training and consultation on the changes brought about by the PSRA, we will now also be in contract negotiations every two years and must implement the Human Resource Management System (HRMS) within DSHS.

Also, the way recruitment is done has changed, requiring significantly more time and resources to accomplish.

In a proactive response to the increasing needs of the Department, in August of 2005, HRD, with input from the administrations, developed strategic initiatives, based upon DOP's goals contained in their "HR Report Card" to the Governor. From these initiatives, service delivery standards were developed in support of DSHS. These were shared with and agreed upon by the Administrations.

GOALS, OBJECTIVES, STRATEGIES, METHODS AND MEASURES

In support of DSHS, Human Resources staff will proactively advise and assist customers, providing value added human resource delivery services to DSHS, within the timeframes outlined in the delivery service standards in the following areas:

Goal: Plan and Align the Workforce

Objective: **Establish a foundation to build and sustain a productive and high performing workforce**

Strategies:

- Ensure that workforce levels, competencies and strategies are aligned with agency priorities and that managers' expectations are communicated and understood
- Proactively advise management on HR issues, risks, trends, decisions and policies

Methods:

- Participate in planning sessions with managers/supervisors
- Work with managers/supervisors to ensure position description forms are up-to-date
- Coordinate with other partners, (i.e. Budget, IT, payroll, etc.)
- Provide HR tools to managers
- Coordinate with Unions as appropriate
- Support efforts to mitigate risks

Performance Measures:

- Percent of employees with current position descriptions, to include skills and abilities
- Percent of supervisors with current performance expectations for workforce management

Goal: Hire the Workforce

Objective: **Hire the right people in the right job**

Strategy:

- Serve as process facilitators to ensure the best possible candidate is offered the position as a result of a legally defensible recruitment and selection process

Methods:

- Facilitate the transition to e-recruitment, to include conducting training, participating in role mapping, and provide consultation
- Work with DSHS management and DOP to transition the certification process completely to DSHS from DOP
- Work with managers/supervisors in ensuring that performance is appraised during the review period
- Work with managers/supervisors to ensure that Position Description Forms (PDFs) are up-to date

Performance Measures:

- Time to fill permanent funded vacant positions
- Percent satisfaction from candidate quality
- New hire-to-promotional ratio
- Percent turnover during review period

Goal: Deploy the Workforce

Objective: **Employees are motivated and productive. The workplace is safe, allowing employees to do their jobs, fostering productive relations. Employees know job requirements, how they are doing and feel supported**

Strategy:

- Facilitate specialty support services for establishing and maintaining cooperative and effective relationships, to include all aspects of contract and civil service rule administration; some of these areas include, but are not limited to the application of the FMLA, facilitating the bid system, conducting employment investigations, consultation on reasonable accommodations, and consulting on allocation actions

Methods:

- Develop HRMS procedures and guidelines to enable end users to interact with HRMS
- Train HRMS end users, to include time and attendance processors, payroll processors and personnel administration processors
- Ensure that the Drug and Alcohol Free workplace training is reviewed and updated
- Finalize and keep current pre-employment drug testing instructions
- Ensure proper position allocation
- Facilitate the grievance process up to arbitration
- Continue to facilitate the Recruiting and Retention Committee
- Facilitate the layoff and recall process
- Conduct thorough and timely employment investigations
- Facilitate the reasonable accommodation process in a timely fashion

Performance Measures:

- Percent of employees with current performance expectations
- Employee survey ratings on "productive workplace" questions (DOP survey)
- Sick leave/unscheduled leave usage
- Overtime usage
- Number and type of non-disciplinary grievances

Goal: Develop the Workforce

Objective: Employees have the skills to do their present job and are afforded opportunity for career advancement. A learning environment is created and employees seek to learn and participate in development opportunities

Strategy:

- Partner with managers and supervisors to provide professional learning, organizational consulting and employee development opportunities

Methods:

- Provide mandatory and other trainings, through OOED, both classroom and on-line
- Administer the Mentoring Program
- Consult with managers and supervisors on performance management and the Performance Development Plan (PDP)
- Consult with managers/supervisors and develop training as needed

Performance Measures:

- Percent of employees with current individual development plans
- Employee survey ratings on "learning/development" questions (DOP survey)

Goal: Reinforce Workforce Performance

Objective: Employees are held accountable for their work performance, to include reinforcing and strengthening successful performance. Employees understand how their performance contributes to the success of DSHS

Strategy:

- Support managers and supervisors by providing consultation and services to assist them in working with staff and providing the tools needed to succeed and excel at their jobs

Methods:

- Facilitate each aspect of the disciplinary process designed for rehabilitating staff and holding public employees accountable for service performance to the citizenry of Washington State
- Work in cooperation with the State Productivity Board to administer the Teamwork Incentive Program (TIP) for DSHS
- Consult with managers and supervisors on drug/alcohol concerns
- Administer the Employee Suggestion Program

Performance Measures:

- Percent of current performance evaluations
- Number/type of disciplinary issues and actions, disciplinary grievance dispositions
- Employee survey ratings on "performance accountability" (DOP survey)

Appendix 3 • Information Technology Strategic Plan

Executive Summary

The DSHS Information Technology (IT) Strategic Plan provides a vision and direction for information technology in DSHS. The plan focuses on implementing and sustaining business/technology solutions and services that support DSHS strategic goals and the Priorities of Government (POG).

The vision of IT at DSHS is a collaborative IT environment that:

- Delivers secure anywhere/anytime access to information and systems necessary to support services to clients; and
- Facilitates development of high-quality, data-driven business solutions across the department.

DSHS is planning and implementing several strategic initiatives in support of the IT vision and strategic goals.

- **Enterprise Architecture (EA):** The EA program provides a framework for decision-making and a common language that can be used across DSHS. The framework includes principles, models, processes, policies and standards within the areas of data, business processes and technology. The framework facilitates IT decision making within and between program areas. Completion of the various framework elements will be an ongoing effort with new activities undertaken as opportunities arise.
- **Common Client and Provider Data:** Service integration remains a significant business need and, as a result, remains a focus for IT. The department will continue to explore client and provider hub solutions that address common client and provider identifier issues within the Department. Other initiatives will look to maximize sharing of information between systems.
- **Secure IT Infrastructure:** Growing and maintaining a secure, robust and modern technology infrastructure remains a priority for the department. Technologies that allow secure access to employees using a variety of access methods and access media will be studied and implemented as appropriate.
- **Effective Project Management:** Building on work done in prior fiscal years, the use of effective project management practices will be promoted at various levels of the department. Policies, standards and practices that support project management, portfolio management, IT acquisition and investments and related areas will be developed and maintained.

Overall, the DSHS IT Strategic Plan provides a high-level road map for implementing enterprise wide IT initiatives that are aligned with the department's mission and strategic plan. In this way, DSHS IT supports the department as it helps people achieve safe, self sufficient, healthy and secure lives.

Chapter 1 • Our Guiding Directions

MISSION

The mission of DSHS Information Technology (IT) is to collaborate with the DSHS business community to implement and sustain business/technology solutions and services used to improve the quality of life for individuals and families in need.

VISION

Our vision is a collaborative IT environment that:

- Delivers secure anywhere/anytime access to information and systems necessary to support services to clients; and
- Facilitates development of high-quality, data-driven business solutions across DSHS.

GUIDING PRINCIPLES

- Data, business processes and technology should be common when there is a clear business case.
- Data, business processes and technology should be designed around natural "information system" boundaries with tight coupling within "systems" and loose coupling between "systems."
- Where allowed by law, regulation, or policy, authorized users should have access to data for purposes of treatment, payment or operations.
- Data, business processes and technology should support linkages with external partners.
- Data, business processes and technology should have an identified business owner at the lowest level possible.
- DSHS systems and data should be accessible to those with disabilities.

PRIORITIES OF GOVERNMENT

DSHS IT activities support department IT strategies and objectives that support two department goals in the area of government efficiency. These goals, in turn, directly support the state Priorities of Government (POG).

STATUTORY AUTHORITY

- Revised Code of Washington (RCW) 43.105
- Information Service Board – Information Technology Portfolio Planning Policy

Chapter 2 • Appraisal of the External Environment

POTENTIAL CHANGES IN THE ECONOMY THAT CAN AFFECT CLIENTS' NEEDS

- The state's financial situation may limit the options available to information technology (IT).
- The public continues to demand the governmental agencies do more with less. This puts additional pressure on DSHS to manage resources efficiently through automation.
- Downturns in the state's financial situation increase the number of clients needing services and often demands cuts in staffing. Automation of additional business processes is most critical when there is the least amount of resources available.
- The Department of Information Services is responsible for the State Government Network on which DSHS relies heavily. Any failure by DIS to stay in step with capacity needs could have an impact on DSHS' IT strategic plans.
- There is an increased trend to spend social service dollars on direct service delivery to clients, and less on administrative costs. Such a trend could place limits on IT budgets
- Executive branch mandates in the area of government accountability require DSHS IT to practice fiscal responsibility and be more efficient with current resources.

TRENDS IN DEMOGRAPHIC AND CUSTOMER CHARACTERISTICS

- Customers want quality services delivered in a more economical and timely fashion.
- Customers internal and external to the department will continue to demand expert services and IT solutions in order to meet diverse needs and priorities.
- Customers have become increasingly knowledgeable about technology. They look for more information available electronically and demand e-commerce solutions for their business needs. Additionally, customers of the department are demanding integrated information and services.
- There is increasing demand from customers for immediate response to their needs. They want their business needs taken seriously, to be part of the decision making process, and their resources used prudently.

ACTIVITIES LINK TO MAJOR PARTNERS

DSHS continues to work closely with the Department of Information Services (DIS) and other state agencies in the area of IT policy and planning. Examples of this collaboration

include participation in the statewide Enterprise Architecture Committee, the Project Management Framework Workgroup, the Customer Advisory Board (CAB), the Technical Infrastructure Committee, the Enterprise Active Directory Workgroup and the Washington Computer Incident Response Center (WACIRC).

Interaction with the Information Services Board (ISB) and the Office of Financial Management (OFM) occurs around high visibility IT projects that require special funding by the state legislature or to gain approval for IT projects with potential statewide impacts.

STAKEHOLDER INPUT

DSHS program areas involve stakeholders in the process of creating their strategic plans. These plans are reviewed for IT activities and help create the basis for the DSHS IT strategic plan.

In addition, representatives from the DSHS IT community participate in a workgroup that creates the first draft of the strategic plan. The DSHS IT Directors are then enrolled to finalize the plan.

FUTURE CHALLENGES AND OPPORTUNITIES

In the past few years, DSHS has experienced some fundamental shifts in how services are accessed and how services are delivered.

- Employees and their workstations are becoming more mobile and less tied to a worksite.
- Call centers and interactive voice response systems are more commonplace.
- The department continues to explore opportunities to reduce the use of paper files and move to the use of digital storage.
- The volume of virulent cyber attacks has increased resulting in heightened vigilance in the area of IT security.
- Decreasing fiscal and staff resources have increased interest in finding technology solutions at the enterprise level when practical.

These changes require expansion of the agency's technology infrastructure and often result in expansion of program area service offerings. Balancing the need for proactive implementation of new service offerings while maintaining excellence in existing service offerings is an ongoing challenge.

DSHS continues to build its Enterprise Architecture program. This program provides a framework for decision-making on technology and technology related business issues.

Chapter 3 • Goals, Objectives, Strategies, Activities, and Performance Measures

POG: IMPROVE THE ABILITY OF STATE GOVERNMENT TO ACHIEVE RESULTS EFFICIENTLY AND EFFECTIVELY

DSHS Goal A: Reinforce strong management to increase public trust

Objective 1: Enhance and sustain information technology across the department to meet changing needs and capacity requirements

Strategies:

- Maintain/update core systems to meet evolving needs and take advantage of changes in technology
- Continuous planning and upgrades to increase the capacity, security and availability of network and systems in order to meet current and future planned business needs
- Assess opportunities for enterprise solutions when common business needs are identified

Activities:

- Fully implement ProviderOne
- Fully implement the new HRMS, decommission or modify existing shadow systems and build capacity as needed
- Upgrade the DSHS e-mail system to Exchange 2003. (Measure: Number of users migrated to Exchange 2003)
- Upgrade the DSHS remote access infrastructure (migrate to Citrix) (Measure: Number of users migrated to Citrix; Customer satisfaction)
- Upgrade WAN equipment (Measure: Number of network equipment upgrades; Number of outages avoided)
- Upgrade WAN transport (Measure: Number of sites upgraded; Site average response time)
- Plan and complete upgrades to the DSHS network infrastructure to meet current and future business needs
- Timely application of security patches (Measure: % of patch updates completed within timeframes required by policy; number of infected computers)
- Redesign the DSHS Internet portal
- Transition applications to the MS 2003-based Enterprise Application Infrastructure hosting environment as appropriate
- Evaluate an enterprise automated password reset solution
- Implement network monitoring tools
- Implement secure wireless standards to meet business needs

- Implement a comprehensive disaster recovery plan based on continuity planning
- Evaluate single sign-on
- Implement a Web based meeting solution
- Pursue an IT training strategy for enterprise solutions
- Evaluate an agency imaging strategy
- Evaluate an agency managed print services strategy
- Evaluate an agency strategy for legally sufficient electronic signature/transaction solution
- Continually plan for Communication Room upgrades
- Transition services to the Web as appropriate
- Evaluate a single transaction card for client services
- Manage SSPS closure activities
- Evaluate convergence of data and voice technology and the use of these technologies
- Promote client self-service solutions
- Support the Governor's strategy on electronic medical records
- Expand technology support for background checks
- Accommodate public access to public information as appropriate (services, eligibility, performance, public disclosure, etc.)

Objective 2: Manage information technology in DSHS using sound project management and quality improvement practices

Strategies:

- Promote use of statewide policies and procedures impacting IT projects or other IT activities
- Share best practice information
- Support streamlining of business processes prior to application of technology
- Strengthen relationship with policy, program and operations staff during the lifecycle of a project or initiative, beginning with the planning phase

Activities:

- Based on new Information Services Board policies and standards, document IT policies and standards for use in DSHS
- Continue training for IT policies, standards & best practice
- Promote the use of sound project management practices, including the use of the Project Management Framework where appropriate
- Successfully manage IT Projects (Measure: Project schedule, budget and scope variance for Level 2 & 3 projects; % of key project planning documents accepted)
- Implement the Quality Management Framework
- Assess case management commonality in the department
- Evaluate an agency document sharing strategy

Objective 3: Continue the Enterprise Architecture Program to support decision-making

Strategies:

- Establish principles and supporting models to guide decision-making
- Establish IT related standards for the enterprise
- Work with new and ongoing projects to build and refine architecture components
- Work with the statewide Enterprise Architecture program to define statewide principles and refine supporting models which will impact DSHS activities
- Promote and support the use of the Enterprise Architecture process in administrations

Activities:

- Develop new principles as needed for the DSHS Enterprise Architecture Framework – this includes overarching principles and specific principles for Data, Process and Technology
- Develop and enhance Enterprise Process, Data, and Technology Models as needed to support decision making; establish information system boundaries using the model
- Use the Enterprise Architecture Framework on all risk Level 2 and 3 projects. Refine the framework with project deliverables
- Participate in statewide Enterprise Architecture initiatives/committees to ensure that the department's business needs are supported by any principle, model or project deliverable produced by initiatives/committees
- Increase the utilization of Enterprise Architecture in IT planning activities

DSHS Goal B: Strengthen data-driven decision making

Objective 1: Enhance data and analysis capacity to manage budget, caseloads and programs

Strategies:

- Improve access to management information
- Standardize data to enable data integration and analysis
- Improve ability to use shared information to make decisions

Activities:

- Develop data models and data standards for shared client and provider data.
- Evaluate an enterprise business intelligence strategy that addresses use of disparate, aggregate data
- Streamline & automate the collection of infrastructure inventory information for the agency IT Portfolio

Chapter 4 • Performance Assessment

GOVERNMENT MANAGEMENT ACCOUNTABILITY AND PERFORMANCE

DSHS Enterprise IT currently reports on performance measures for GMAP in the areas of Security Patch Management, DSHS Website Maintenance, System Availability and Project Management for Level 2 & 3 projects.

Security Patch Management

DSHS divisions are required to apply security patches on a monthly basis. Critical patches must be applied within six business days and Intermediate patches within twenty business days.

DSHS has shown a dramatic improvement in security patch application with the department patching 98% of all systems within the target timeframes for the past six months (October 2005 – March 2006). The timely application of patches has resulted in a low infection rate for the department.

DSHS Website Maintenance

A goal of the department is to have a usable and easy to navigate public Website. In May, DSHS began tracking measures of Website maintenance in the areas of orphaned files, broken links and problems reported by the public. In the coming months, DSHS IT staff will resolve issues identified by these measures in order to prepare for a project that will redesign the DSHS Internet site.

System Availability

Maintaining mission critical systems is a priority for the department. DSHS tracked the availability of its 25 mission critical systems from September 2005 through March 2006. During this period of time, all critical systems met or exceeded the department's 98% availability target with the exception of two instances which were only .1% and .3% off target for one month.

Project Management

The department tracks the management of Level 2 & 3 projects in the areas of scope, schedule, budget, funding, and project management documentation. Such tracking allows the department to identify and mitigate project stresses.

Seven projects are currently included in this performance measure. All projects are currently being actively managed and risks associated with them are being mitigated.

Appendix 4 • Institutional Facility Plan

A STRATEGIC OVERVIEW

Our Mission

The mission of the Lands and Buildings Division is to meet the unique needs of the DSHS clients and staff by ensuring safe and secure facilities in which to live, receive treatment and services, and work.

Our Challenge

The department provides a variety of services through five residential health care facilities for persons with developmental disabilities, four secure juvenile rehabilitation centers, six community treatment centers for juvenile rehabilitation, three mental health hospitals, fourteen community mental health residential support networks, and three secure facilities for the residential treatment of sexually violent predators. Each of our facilities and institutions provides special challenges as we work to maintain and preserve our facility assets.

Our institutions are not only facilities for training, rehabilitation and treatment; they are home to thousands of people who cannot live independently in the population-at-large. Many of these people are abusive, angry and aggressive. Their destructive behaviors cause great wear-and-tear on the facilities they occupy. Angry youth and mentally ill adults often act-out their frustrations by damaging their surroundings.

The department's mission is to train, rehabilitate and provide treatment for our residents. That care is most successful in facilities with a normalized, residential atmosphere. However, most of our facilities require some level of security and containment. Our challenge is to provide facilities that are "soft" enough to enhance program goals and yet "hard" enough to resist abuse and maintain security – and to maintain these facilities with limited resources. Because of our challenging environment, our institutions' maintenance and preservation requirements exceed those of a typical nursing care facility, hospital or dormitory.

Thirty percent of the DSHS buildings are more than 30 years old and many of these buildings are in desperate need of major repairs or replacement. Another dozen buildings are abandoned and need to be demolished. Additionally, because of a lack of financial resources, many of our newer buildings are not receiving the scheduled maintenance necessary to prevent premature failure. Two funding sources are available for facility preservation - capital budget appropriations and the maintenance portion of each institution's operating budget.

Our Objective

Our objective is to work closely with the institutions and divisions to meet program needs while also reducing, and eventually eliminating, the premature failure of our buildings systems, campus structures and campus utility systems. By doing so, we can realize more value from every maintenance dollar.

Key Success Factors

Factors key to our success in fulfilling our mission include:

- Increased capital project funding as presented in the DSHS capital budget request
- Strong support from DSHS and OFM senior management for the Capital Project Management and Maintenance Backlog Reduction Plans
- Cooperation from each DSHS facility and institution to increase their attention and commitment to preventative maintenance
- Development of successful methods and processes to focus preservation project funding on the highest facility preservation needs
- Development of successful methods and processes to increase our capacity for omnibus capital preservation projects from \$7 million to \$20 million in the 2007-2009 biennium and beyond

CUSTOMER-FOCUSED INSTITUTIONAL FACILITY PLANNING

Division of Developmental Disabilities

Program Discussion

The Division of Developmental Disabilities (DDD) provides a broad range of services and support to more than 30,000 eligible clients. Of these enrolled clients, about 29,000 are served in the community with the remaining clients living in one of five Residential Habilitation Centers (RHCs) operated by DSHS.

The RHCs are 24-hour facilities certified as either Intermediate Care Facilities for the Mentally Retarded (ICF/MR) or Nursing Facilities (NF). The ICF/MR facilities offer habilitation services, intensive nursing, therapy services and work-related assistance. The NF facilities provide an extensive array of services for persons requiring daily nursing care. All of these facilities are inspected by state and federal survey teams to certify institutional compliance with strict federal standards so that critical federal reimbursement can be obtained.

Future Challenges

With a declining institutional census, it will be advisable for the department to undertake a long-range planning effort to look at RHC census projections and the clients' changing needs. This information can then be compared to the facilities available in the current RHCs to determine to what extent each facility will be able to accommodate the needs of our clients and our programs into the future. An informed discussion can then take place regarding which facilities are best suited to meet the long-term needs of our clients. If a facility has deficiencies in meeting these future needs, capital projects will be included in the DSHS Ten Year Capital Plan to address these needs.

Many of the capital projects for DDD requested in the 2005 and 2006 legislative sessions have not been funded, especially on the Fircrest School and Rainier School campuses. It is possible that essential DDD campus improvements will not be funded in future legislative sessions until a decision has been made regarding the long-term plans for the RHCs.

If an RHC is to be closed, a capital plan needs to be developed for a systematic and managed approach to address the immediate maintenance and capital needs, respond to emergency building or utility issues, and close down or mothball vacated buildings.

If a campus is expected to see a census increase caused by the closure of another facility, a plan must be developed to prepare available residential and support space that must be brought back into service.

The capital plan for the remaining RHCs must emphasize preservation and repair of aging buildings and campus infrastructure, particularly life/safety upgrades, as well as the demolition and removal of buildings that are dangerous and have aged beyond their useful lives.

Residential living units throughout the system require renovation and remodeling to upgrade worn-out interior finishes, comply with current codes for health and safety and meet evolving program requirements. Buildings supporting the campus programs also require attention to stay current with today's code and program requirements.

Infrastructure and utility systems on many campuses have aged far beyond their useful lives and major repairs, replacement or completely new service delivery mechanisms are required.

Juvenile Rehabilitation Administration

Program Discussion

The mission of the Juvenile Rehabilitation Administration (JRA) is to protect the public; hold juvenile offenders accountable for their crimes; and reduce criminal behavior through a continuum of preventive, rehabilitative and transitional programs. This is achieved in both residential and supervisory programs for juvenile offenders, which hold offenders accountable for their behavior in residential and community settings.

JRA's Strategic Plan includes the following goals:

- Improve health care quality and access
- Improve treatment for mental illness and chemical dependency
- Improve children's safety and well being
- Improve long term care
- Increase employment and self-sufficiency
- Use effective treatment to enhance outcomes
- Reinforce strong management to increase public trust
- Value and develop employees and improve internal and external partnerships

To support these goals, JRA has developed the following Capital Program strategies:

- Enhance residential treatment services through the renovation of old and unsafe buildings such as the Intensive Management Unit at Green Hill School and the cottages at Echo Glen Children's Center.

- Maintain National Commission for Correctional Health Care accreditation at existing facilities and strive to make recommended upgrades. Requested projects include renovations at the Health and Essential Services Building at the Maple Lane School and the replacement of the Administration/Health Center Building at Green Hill School.
- Improve the continuum of care by developing more rehabilitative services, such as those offered in the Recreation Buildings at both the Maple Lane School and the Green Hill Training School.
- Plan for specialized treatment programs and continue to enhance operations to allow for the timely and orderly development of secure institutions to assure public, staff and resident safety. Examples include the design for a new Family Focus Building at Maple Lane School and Green Hill School and new Acute Mental Health Treatment Units at Maple Lane School and Echo Glen Children's Center.

While the state owns and operates six community residential and treatment facilities, an additional number of residential community-based programs are delivered by private group care contractors in leased facilities. The state operated community programs are not only charged with main-streaming youths at the end of their commitments, but have become increasingly involved with specific treatment efforts, such as the certified drug and alcohol programs offered at the Parke Creek Community Facility and the Canyon View Community Facility.

Future Challenges

JRA's biggest challenge is to address program and facility issues proactively to avoid potential program and legal problems. Capital appropriations in the past four biennia have upgraded existing facilities or constructed new buildings. However, questions about population projections and ongoing operations continue to be an issue.

JRA's institutional programs are critical to its successful operation. The largest proportion of the JRA population continues to reside in secure facilities. In the last ten years, the complexity of residents has presented new challenges to maintaining safety for residents, staff and the public.

The older, more violent offenders are commonly processed through the adult system and the minor offenders are retained in the local jurisdictions. The offenders that are committed to JRA now have more serious behavioral issues. Approximately sixty-five percent of the residents have mental health problems and a large percentage of these have co-occurring, tri-occurring or quad-occurring disorders.

Effectively managing this changing population requires a continuing commitment to maintaining and upgrading existing facilities, as well as effectively planning for specialized treatment needs and long-term growth.

JRA operates four institutions that provide medium and maximum security housing for youth committed to the department by county courts. The three largest facilities, Echo Glen Children's Center, Green Hill School and Maple Lane School have operated at less than their rated capacity during the 2004-2005 period. One other institution, Naselle Youth Camp, is a forestry camp that works in conjunction with the Department of Natural Resources.

JRA's master program and facility plans were completed in June 2004 and updated in 2005. The plan provides options for the direction of future use and development of the state's JRA facilities. The additional rehabilitation (step-down programs) that can be accomplished in the single camp program is particularly critical to youths that need a little more structure than would be available in the community. The ability to work with this type of youth longer in a structured residential environment will truly help to provide a greater continuum of care and reduce repetitive criminal behavior.

Many of the buildings and infrastructure systems in the JRA inventory are beyond their useful life and need to be renovated or replaced. Programs for residents have also changed to meet the needs of a more serious offender and have become very staff intensive on some campuses. A balance must be struck between the staff efficiencies possible with the larger residential buildings and the more successful intensive treatment models that rely on smaller group sizes.

Mental Health Division

Program Discussion

The Mental Health Division (MHD) administers an integrated mental health system promoting client recovery while ensuring the safety of both the individual and the community. The MHD mission is to ensure that people of all ages experiencing mental illness can better manage their illness; achieve their personal goals; and live, work and participate in their community.

The mental health system serves clients in community settings and state owned and operated hospitals. The community mental health system operates under a managed care model. Fourteen Regional Support Networks (RSNs) provide inpatient and outpatient services to approximately 131,000 Medicaid and non-Medicaid eligible clients. Three psychiatric hospitals - Eastern State Hospital, Western State Hospital and the Child Study and Treatment Center - operate as clinical centers for the most complex public mental health consumers as mandated by the Mental Health Reform Act of 1989 (SB 5400).

Nearly three quarters of the state hospital patients are admitted pursuant to a civil court order as per RCW 71.05. Civil commitment orders are issued by a local superior court from a petition by county designated mental health professionals. One-quarter of the hospital population is committed under criminal processes as per RCW 10.77.

The 2007-2009 goals of the MHD's Strategic Plan and related MHD Capital Administration strategies include the promotion of services delivered in community settings and the establishment of the appropriate use and capacity of state psychiatric hospitals.

Future Challenges

The Mental Health Division faces several key challenges that will have impacts upon institutional facilities in the years ahead:

- Achieve the promise to transform mental health care in America.

In 2002, President Bush announced the creation of the New Freedom Commission on

Mental Health. In 2005, Governor Christine Gregoire announced Washington State's "Partnerships for Recovery," our plan for meeting the President's New Freedom commission challenge. Washington State was subsequently one of only eight states awarded federal funding for this effort. In announcing the plan, the Governor stated:

"It is our vision that all people in the State of Washington who experience mental health challenges will lead happy, productive and fulfilling lives, free of stigma, in a safe and least restrictive environment. The transformation of mental health services in Washington State's "Partnerships for Recovery" will fundamentally change the way mental health care is provided and the way mental illness is perceived. State and local government will be accountable to consumers and families for cultural competence and service outcomes. The new mental health system will be consumer-driven; mental health will be understood as an essential element of overall health, and as a condition from which people can and do recover."

- Open new wards to accommodate patients coming to the state hospitals because of the Pierce County lawsuit.

A Superior Court ruling on the Pierce County lawsuit in September 2005 significantly increases the State's challenges to manage state hospital beds utilized by the Regional Support Network effectively. Based on this ruling, the state is responsible for all long-term (90-day/180-day) commitments. Other RSNs have requested similar treatment or they have threatened similar lawsuits.

It is anticipated that Western State Hospital will need to open three wards prior to June 2007. Some of the ward space identified is currently being used for administrative purposes; those functions will need to be relocated elsewhere on the campus.

Eastern State Hospital will need to open one ward before June 2007. There may be other potential ramifications statewide.

- Continue to evolve toward a rehabilitation model.

SB 5400 requires state hospitals to continue to evolve toward a rehabilitation model as distinct from a medical model of treatment. New lines of psychotropic medications have enabled large numbers of patients to be discharged from the hospital and to participate more fully in therapeutic activities while in the hospital. The fundamental importance of access to various levels of indoor and outdoor activity - recreational, pre-vocational and vocational - is becoming increasingly more apparent in the speed of recovery and the permanence of improvement of hospitalized patients.

- Provide an adequate forensic services capacity.

We see an increasing demand for forensic beds at both Eastern State Hospital and Western State Hospital.

Currently, the Child Study and Treatment Center has no dedicated forensic beds because the courts allow outpatient evaluations for children. If CSTC is ordered to accept forensic admissions, it will be difficult to accommodate. This would be even more difficult if there is reduced capacity in community beds. The Fairfax Hospital has notified us that they may cease accepting these younger patients.

- Provide adequate community hospital bed capacity.

Until 2005, the MHD was under a legislative mandate to reduce permanent bed capacity in the state hospital system. The number of community psychiatric hospital beds has also declined, reducing local resources for diverting state hospital commitments.

MHD will continue its expansion of community services project and focus on the development of more community residential resources. MHD will also invest in services that focus on persons with high needs to keep them in the community and divert them from hospital placements.

- State hospitals must serve those patients considered too dangerous for community-based services.

SB 5400 also requires the state hospitals to serve the most complicated long-term care patients. Persons receiving care at these facilities show an increasing acuity due to physical and psychiatric impairments. This requires a higher staff to patient ratio, higher square footage space needs and increased space for on-site rehabilitation services.

- Ensure the availability of psychiatric in-patient beds for children & adolescents.

Although it is difficult to assess at this time, there are potentially two concerns we have as it relates to children's in-patient services:

- The Pierce County Lawsuit
- Fairfax Hospital's pending decision to not accept children and adolescent patients court ordered through the Involuntary Treatment Act (ITA)

If the Pierce Lawsuit was extended to children and adolescents it would force the CSTC to take all patients committed for 180 days. CSTC does not have the capacity to accommodate that need. Currently, the Children's Long-term Inpatient Program (CLIP) maintains a two-month waiting list. Approximately 25 children and adolescents are on the waiting list; most are ITA status.

If Fairfax Hospital discontinues accepting ITA patients, those children and adolescents would be referred to CSTC and the hospital would not have the capacity to meet the court ordered placements.

- Establish, preserve and renovate mental health facilities.

In the 2005-2007 biennium, the MHD initiated a program to support RSN community based care facilities. Projects ranged from significant funding for new evaluation and treatment facilities to preservation of existing building systems. We expect to continue this program through the 2007-2009 biennium to assist in the establishment of new, or the preservation of existing, community mental health residential facilities.

The state hospitals are also a key component of the state mental health system. Preserving these assets, renovating them for current use or re-fitting them for evolving needs is a significant part of the program's capital administration.

- Ensure the effective and efficient provision of ancillary or support services at the state hospitals.

It is important to ensure that the dietary, pharmacy, central supply, commissary, clinical support, laundry and plant maintenance facilities at the state hospitals are upgraded where we have obsolete or inadequate buildings. We must have facilities that allow for efficient, effective and safe operations.

- Meet federal, state and county standards in an environment of changing clients and shifting funding.

As the state hospitals make changes in accordance with statewide program needs, mental health care managers must continue their work to ensure that state hospital practices comply with federal requirements and Joint Commission on Accreditation of Hospitals Organization (JCAHO) standards. Compliance is required to maintain the federal portion of the hospitals' funding support and third party insurance.

Federally mandated clinical and facility surveys consider over-crowding to seriously deteriorate quality of care and to be a basis for a deficiency finding that could have a significant impact on the availability of federal funds.

Special Commitment Center

Program Discussion

The Special Commitment Center (SCC) provides a specialized mental health treatment program for sex offenders who have been civilly committed under chapter 71.09 RCW. The mission of SCC is to provide comprehensive, individual treatment to each resident referred by the courts in a constitutionally sound environment that protects the safety and welfare of the public, staff and residents.

The King County Secure Community Transition Facility (SCTF) was occupied in early 2006. This leased facility, currently ready for six SCC residents, was constructed to allow for a second phase of remodeling accommodating an additional six residents. This facility joins an existing SCTF on McNeil Island that can potentially house up to 24 residents. These facilities serve to provide less restrictive alternative residential living arrangements for SCC residents on court-ordered conditional release from total confinement.

The SCC took occupancy of a new constructed total confinement facility on McNeil Island in the spring of 2004. The facility has an operational capacity of 299 beds - including 80 beds in a newly remodeled facility that was vacated by the Department of Corrections (DOC).

The SCC will be making minor upgrades in its kitchen and dining hall, including asbestos abatement and new fire sprinklers, through June 2007. Additional work is underway in another former DOC building now occupied by the SCC to replace steam lines.

Additionally, the SCC has leased additional office space in the Town of Steilacoom. The space is expected to be available in the spring of 2006.

Future Challenges

The SCC continues to face major capital facility challenges in the years ahead. There is a need to focus on the following priorities:

- The SCC total confinement facility has been built in phases to expedite construction and maximize available construction funding. Based on an analysis of admission trends, it was projected that the SCC would require an additional construction phase to accommodate the numbers of anticipated court referrals.
- Planners presumed that the design effort for expanded capacity would be authorized in the 2006 Supplemental Capital Budget with construction funding to follow in the 2007-2009 biennium. However, funding for the design effort was not funded in the supplemental budget. Demonstrating the need for additional capacity and securing capital funding from the legislature is the highest capital priority for the SCC.
- The old DOC "North Complex" site that the SCC facility now occupies is supplied by antiquated and insufficient utilities. These include:
 - An electrical distribution system served by high line wires that are inadequate for current loads and frequently fail during high winds and inclement weather
 - A sewer system that does not meet Department of Health, Ecology and Wildlife standards and would cause serious environmental damage if it fails
- The SCC is contractually liable for assisting in the maintenance of the roads that serve SCC. The existing roads were not constructed to withstand the numbers and sizes of the busses and other vehicles required by SCC operations. The transportation of staff to and from SCC has contributed to road damage on the island.
- The SCC currently lacks sufficient warehouse space.
- The SCC is in need of a modernized dining facility that can accommodate increased census and meet health and safety standards. The SCC must begin a sustained effort to quantify and document the need for a new facility that is ADA compliant, utilizes modern cooking methodologies and is situated nearer to the residential facility allowing for easier access and service delivery.
- The SCC relies on two boilers for domestic hot water and space heating. One 300 hp boiler is backed up by a 125 hp boiler, but the smaller boiler alone cannot meet the demands of the facility. When annual maintenance or mechanical problems take the larger boiler out of service, it is impossible to provide the space heating, domestic hot water and steam power required to operate the facility.

The SCC planned to add an additional boiler to its steam system when the 96 beds expansion began. The lack of supplemental funding has delayed this project. The boiler project needs to move forward independent of the proposed expansion project.
- The SCC must continue to monitor the need to site additional SCTFs. Although state law provides the option for DSHS to site SCTFs in other counties, the number of SCTF beds we need in the future will hinge on the number of residents who receive court-ordered conditional release to less restrictive alternatives.

Appendix 5 • DSHS Indian Policy Plan

EXECUTIVE SUMMARY

To ensure quality and comprehensive DSHS service delivery to all American Indians and Alaska Natives in Washington State, the Office of Indian Policy and Support Services (IPSS) is responsible for coordinating efforts to address the collective needs of Tribal Governments and Recognized American Indian Organizations.

The DSHS Administrative Policy 7.01 directs each administration of DSHS to work in consultation with the Federally Recognized Tribes and the Recognized American Indian Organizations in the development of a biennial service plan that is to be regional and headquarters specific.

The Federally Recognized Tribes (Tribes) exercises their sovereign governmental authority and the Recognized American Indian Organizations (RAIO's) exercise their rights as Indians and citizens of the United States of America and state of Washington.

The Indian Policy Advisory Committee (IPAC) was established to guide the Secretary for the Department of Social and Health Services with the implementation of the Centennial Accord and Administrative Policy 7.01 (American Indian Policy). The IPAC does not speak on behalf of sovereign Tribal Governments or circumvent the sovereign authority of Tribal Governments. IPSS continues to provide administrative support for IPAC in ongoing communications through its quarterly meetings.

The purpose of the DSHS Administrative Policy 7.01 Plan is to help identify fiscal needs and/or possible administrative or legislative changes that would improve the quality and comprehensive DSHS service deliver to all American Indians and Alaska Natives. Administrative Policy 7.01 status reports are submitted in the middle of each biennium by each administration of DSHS. This policy has been recently revised in order to address the need for enhancing the ongoing statewide efforts between the department and the Tribes and RAIO's.

The Office of Indian Policy and Support Services (IPSS) will continue to address related issues through regular participation at the DSHS Executive Leadership Team (ELT) meetings. In addition, there will be quarterly management meetings between IPSS and each administration, bi-monthly meetings with all DSHS Tribal Liaisons, and semi-annual meeting with Indian Policy Advisory Committee and the Assistant Secretaries. Each Assistant Secretary will establish performance measures for their staff and they will monitor the progress of the work they will be doing with the Tribes of Washington State. The Office of Indian Policy and Support Services will provide quarterly GMAP reports on progress of DSHS staff meeting the GMAP measures of the Secretary.

MISSION

The Office of Indian Policy and Support Services' (IPSS) role is to assist with meeting the collective needs of the Department, Tribal Governments, and Recognized American Indian Organizations deliver quality and comprehensive DSHS services to American Indians and Alaska Natives in Washington State.

INDIAN POLICY AND SUPPORT SERVICES CONTRIBUTIONS

- Broad organizational knowledge: Ability to provide Tribes, RAIOS, and Indian people with access to DSHS services: We have the ability to make the right calls and help tribes and Indian people to get access to DSHS services. We want to be charitable without the expectation of reciprocation.
- Communication skills: Ability to create ongoing, new and better relationships: We provide communication channels, bring people together to work on issues and resolve problems.
- Sense of accomplishment: We have a sense of accomplishment when we reach an outcome or achieve better working relationships. We let the agency hear us when we have Tribal issues. Sometimes the Tribes compliment us, which re-energizes and motivates us to continue.
- Change agent: We feel good when changes occur because we made a difference. We help DSHS managers to recognize the needs of Tribes. We speak up for the Tribes in the management meetings.
- Honoring tradition: We honor our personal and traditional values by going to work and value the jobs and things we do for the Department, Tribes, RAIOS, and American Indians.
- Respect and support: We value the respect from DSHS, Tribes and peers. We appreciate support of coworkers for the benefit of the Department, Tribes, RAIOS, and American Indians.

DESIRABLE OUTCOMES

- DSHS will consult with Tribes on a regular basis and make Administrative Policy 7.01 a living and working document. DSHS will include Tribes in the budget proposal when initiating new programs. Consultation will take place in the true sense of government-to government relationship. DSHS will allow for Tribes and RAIO's to be more involved in early decision-making stage regarding Indian issues and service delivery.
- DSHS will provide support for changes in federal program regulation and policy for the purpose of providing federal funding for Tribes, along with support for changes in state policy and procedures to implement programs managed by Tribes.
- DSHS Executive Management Team (ELT) and all of their staff will fully support the Centennial Accord and Policy 7.01. The ELT members will direct Regional Administrators to include IPSS and Tribes in all programs and service planning. IPSS will be recognized as part of the management team. Divisions will recognize that the Administrative Policy 7.01 plan is a valuable tool, and making sure it becomes a living document rather than just a report.
- All divisions will have better overall understanding of government-to-government relationship. DSHS staff will be able to change and overcome the agency's negative stereotype of Indian clients and recipients. DSHS staff will understand IPSS' role as

a resource, the importance of Treaties, and the government-to-government relationship. State and Tribes will have the opportunity to work together as equal partners without divisions.

- Tribes and tribal members will have equal access to all services of DSHS programs. Tribes and Indian people will be heard and respected by the agency staff. Have one AAG be assigned to IPSS, preferably a Native American, who is knowledgeable about Indian laws.

GOALS

- Open Communication: IPSS has access to all program information; a system in place for programs to share information with IPSS; clear and open communication; all DSHS divisions to utilize Common Tribal Identification Computer Codes.
- Utilization of Technology to Fullest: DSHS has access to significant federal, state, tribal, and other Indian policy information through the Internet; make teleconferencing available to Tribes; Tribes have access to all DSHS information through the Internet; all DSHS Administrative Policy 7.01 plans are posted on the Internet; state data systems are available to the Tribes. Development and maintaining of an IPSS Website. Development of appropriate materials for distribution in various media.
- Collaboration of Development: Tribal programs and agency staff will have grown to the point of working together on their own; real seamless services.
- Training and Education: Management and staff should understand their accountability for compliance; each employee should have attended Administrative Policy 7.01 training, and government-to-government training from the Governor's Office Indian Affairs.

INDIAN POLICY ADVISORY COMMITTEE

Mission

The Federally Recognized Tribes (Tribes) exercises their sovereign governmental authority, and Recognized American Indian Organizations (RAIO's) exercises their rights as Indians and citizens of the United States of America and state of Washington. The Indian Policy Advisory Committee (IPAC) is established to guide the Secretary of DSHS for the implementation of the Centennial Accord, and Administrative Policy 7.01. The IPAC does not speak on behalf of sovereign Tribal Governments or circumvent the sovereign authority of Tribal Governments.

Goals

- Improve tribal attendance to the quarterly IPAC meetings by delegates from all Tribes and RAIO.
- Enhance participation of the Assistant Secretaries with IPAC. Extend semi-annual invitations for presentation time during the quarterly meetings.

- Formalize the understanding of “Meaningful Consultation” in collaboration with the Department. Implement a true collaborative process of budget development and budget decisions among the tribes and RAIOS through their IPAC delegates prior to budget implementation. The DSHS Secretary’s ELT and staff will develop a collective responsibility of all DSHS programs in support of the IPAC mission.
- Continue with tracking of issues in each of the IPAC sub-committee with the utilization of the IPAC matrixes. Distribute these among the DSHS Administrations and Tribes on an ongoing basis. Emphasize the matrix as a tool to identify and track issues and solutions to problems jointly effecting tribal and state programs. Have priorities reviewed annually from each sub-committee by the full IPAC.
- Build collaborative and collegial approach to policy development and implementation that reflects a true government to government process and encourages a collective approach to the legislative process.
- Promote and continue positive avenues of effective communications between the tribes, state and other tribal entities and organizations surrounding service issues, data, and other circumstances impacting American Indians.
- Develop a mechanism of communication and reporting with related Tribal organizations and RAIOS in the Regions. Formal resolutions to be advanced to the American Indian Health Commission, Northwest Portland Indian Health Board, Affiliated Tribes of Northwest Indians, etc.
- Explore the development of a fund distribution workgroup to provide options for resource distribution. Encourage the expansion of contract consolidation opportunities with the Department.
- Schedule presentation for IPAC from the administration on an annual basis.